

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000094199

FILED
Jul 16, 2007
Secretary of State

Entity Name: 2 B REAL VENTURES, LLC

Current Principal Place of Business:

18830 U.S. HIGHWAY 441
MOUNT DORA, FL 32757

New Principal Place of Business:

32218 CR 437
SORRENTO, FL 32276

Current Mailing Address:

18830 U.S. HIGHWAY 441
MOUNT DORA, FL 32757

New Mailing Address:

PO BOX 1462
SORRENTO, FL 32776

FEI Number: FEI Number Applied For () FEI Number Not Applicable (X) Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

BOURN, RICK C
18830 U.S. HIGHWAY 441
MOUNT DORA, FL 32757 US

Name and Address of New Registered Agent:

BOURN, RICK C
9433 SOUTHERN GARDENS CIRCLE
SORRENTO, FL 32714 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: _____

07/16/2007

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: PRES () Delete
Name: BOURN, RICK C
Address: 9433 SOUTHERN GARDENS CIRCLE
City-St-Zip: ALTAMONTE SPRINGS, FL 32714

Title: VICE () Delete
Name: BEHRENS, TRAVIS K
Address: 583 BRANTLEY TERRACE WAY UNIT# 302
City-St-Zip: ALTAMONTE SPRINGS, FL 32714

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: RICK C BOURN

PRES

07/16/2007

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date